Medical School Library
AUG 6 - 1938
University of California

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH
WALTER M. DICKIE, M.D., Director

Weekly Bulletin

STATE BOARD OF PUBLIC HEALTH
HOWARD MORROW, M.D., San Francisco, President
EDWARD M. PALLETTE, M.D., Los Angeles, Vice President
GEO. H. KRESS, M.D., Los Angeles
GUSTAVE WILSON, M.D., Sacramento
WM. R. P. CLARK, M.D., San Francisco
ROY A. TERRY, M.D., Long Beach
V. A. ROSSITER, D.D.S., Santa Ana
WALTER M. DICKIE, M.D., Sacramento
Executive Officer

SAN FRANCISCO
State Office Building, McAllister and Larkin Streets UNderhill 8700

SACRAMENTO
State Office Building, 10th and L Streets
Capital 2800

LOS ANGELES
State Office Building, 217 West First Street MAdison 1271

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.
Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. XVII, No. 26 July 23, 1938 GUY P. JONES EDITOR

Tuberculosis Mortality In California

The California tuberculosis death rate dropped in 1937 to a new all-time low—67.8 per 100,000 population, with 4428 deaths registered. The 1936 rate was 72.2 per 100,000 population, with 4618 deaths registered. The state's tuberculosis death rate for 1937 is exactly one-third of that for 1911 and one-half of that for 1924. Since 1922 the death rate for this disease has been conspicious because of the steady decline from year to year.

In 1906, the first year for which state-wide data are available, the tuberculosis death rate was 218.0 per 100,000 population. The number of tuberculosis deaths registered in 1906 was 4437—almost exactly the number registered in 1937 when three and one-half times more people resided in California than in 1906.

The number of tuberculosis deaths in California, annually, and the rates per 100,000 population 1906 to 1937 are as follows:

Year	Number	Rate
1906	4437	218.0
1907	4607	216.8
1908	4565	206.0
1909	4673	202.6
1910	4872	203.0
1911	5114	203.9
1912	5128	196.0
1913	5402	198.3
1914	5320	187.8
1915	5551	188.9
1916	5267	172.8
1917	5457	172.9
1918	5888	180.4
1919	5678	168.3
1920	5397	152.6
1921	5427	144.5
1922	5847	147.1
1923	5724	136.5
1924	6023	136.5
1925	5896	127.3
1926	5794	119.4
1927	5960	117.6
1928	6074	114.8
1929	5855	106.3
1930	5629	98.2
1931	5292	90.5
1932	5020	84.4
1933	4619	76.2
1934	4611	74.9
1935	4516	72.0
1936	4618	72.2
1937	4428	67.8

By counties the tuberculosis death rates last year varied from 12.9 to 436.6 per hundred thousand population, which emphasizes the fact that most tuberculosis deaths do not occur in the counties where patients have their places of residence. In those counties where private sanatoria, hospitals maintained by groups of counties and state hospitals for the mentally diseased are located, the tuberculosis death rates are abnormally high. Comparative mortality data for the various counties of the state are certainly fallacious because of the distribution of hospitals and sanatoria. The geographical distribution of tuberculosis deaths, therefore, is of little significance in a study of the disease as it exists in California at the present time. A survey of the disease by races, presents data of far greater import.

As in past years, Mexicans lead all races in the production of a high tuberculosis death rate in California. Although, in 1930, Mexicans constituted 6.5 per cent of the total population of the state, last year they contributed 21.5 per cent of all tuberculosis deaths. The white race constituted 88.8 per cent of the population but contributed only 66.5 per cent of the total number of tuberculosis deaths registered last year. Deaths from tuberculosis, by races, in California in 1936 and 1937 were as follows:

Race	1937 No.	1937 %	1936 No.	1936 %
All races	4478	100.0	4618	100.0
White	2939	66.5	3059	66.3
Negro	186	4.2	205	4.4
Indian	68	1.5	47	1.0
Chinese	86	1.9	77	1.7
Japanese	108	2.4	130	2.8
Mexican	951	21.5	988	21.4
Filipino	77	1.7	87	1.9
Other	13	0.3	25	0.5

There is a general decrease in tuberculosis mortality among the lower age groups and an increase in the higher age groups. In 1936, 39.5 per cent of such deaths occurred among persons under 35 years of age, and 58.0 per cent occurred in those under 45; in 1937, 38.8 per cent occurred among those under 35 years of age and 56.9 per cent in those under 45 years of age. It would seem that the provisions of more extensive facilities for adequate care may be an important factor in postponing death from this disease. The following table provides data for deaths from tuberculosis in California, by age groups, for 1936 and 1937:

Age Group	1937 No.	1937 %	1936 No.	1936 %
Under 1 year	51	1.1	60	1.3
1-4	115	2.6	147	3.2
5-14	149	3.4	142	3.1
15-24	571	12.9	618	13.4
25-34	832	18.8	856	18.5
35-44	801	18.1	854	18.5
45-54	809	18.3	849	18.4
55-64	610	13.8	600	13.0
65 and over	490	11.0	492	10.6
All ages	4428	100.0	4618	100.0

Tuberculosis in 1937 caused 5.5 per cent of all deaths in California, and in 1936 the percentage was 6.1. In 1937 64.0 per cent of all tuberculosis deaths were in males and 36.0 per cent in females. In 1936 the percentages were 63.7 and 36.3, respectively.

While there have been remarkable advances made in the control of this disease in California, it is recognized that it still constitutes a major problem in public health. During the past twenty years many of the social factors that had to do with the incidence and spread of the disease have disappeared, but, nevertheless, there are still many economic factors that are epidemiologically associated with tuberculosis. From a medical standpoint the disease retains its important place in clinical medicine and from a public health standpoint it is still a problem that is partially solved.

TYPHOID DEATH RATE DROPS

Last year typhoid mortality in California reached its lowest point in the history of the state. There were but 59 deaths from the disease with an unprecedented rate of 0.9 per 100,000 population. Thirty years ago, more than 30 out of every 100,000 residents of California died of this disease. In many counties of the state typhoid is a rare disease. In others, it occurs regularly, each year, not because public methods of control are not applied, but but because of the failure of individuals to observe the common rules of hygiene. As long as irrigation ditches are used for domestic sewage disposal, and at the same time, for domestic water supply, typhiod will prevail. The same applies to surface streams in some districts of the state. It is not always easy to obtain the cooperation of some of the foreign-born races in the observance of preventive measures. Only efficiently conducted public sewage disposal systems and water supplies are, of course, permitted to operate in California, and water-borne outbreaks of typhoid seldom occur.

The carrier problem is still present but does not cause the acute anxiety that it did a few years ago. Methods of public sanitation show great improvement over previous years. Nevertheless, the control of this disease requires constant vigilance even though its prevalence be reduced greatly. A considerable number of cases is brough into the state each year, and carriers are responsible for an unknown number of new cases. Failure to maintain ordinary domestic sanitation upon individual premises is also a factor in the typhoid fever situation. While the disease will never be eliminated entirely, it would seem that it has now reached its minimum in California.

SANTA BARBARA CALLS HEALTH OFFICERS

Every health officer in California should be in attendance at the annual meeting of the Health Officers' Section of the League of California Municipalities to be held in Santa Barbara, September 6-8, 1938. There has never in the history of California been more widespread and intensive interest in public health. Demands for public health service are more insistent and incessant than ever before. New conditions give rise to new problems and methods of solution can best be learned through direct contact with officials who are meeting such problems successfully.

The part-time health officer is in many instances accomplishing outstanding results in public health administration. His discussion of the methods that he has applied is of importance and the presence of all health officers of smaller communities is urgently desired. The program has been designed so as to provide ample opportunities for free discussion, and pertinent contributions from the floor help to make it successful.

Boards of supervisors, city trustees and city managers have been requested to instruct local health officers to attend the Santa Barbara meeting and to provide for their traveling expenses. Discussion of common problems in the maintenance of the public health is essential to successful governmental administration at the present time.

AN INVENTORY OF SEWAGE DISPOSAL IN CALIFORNIA

The Bureau of Sanitary Engineering of the California State Department of Public Health has prepared an inventory of sewage disposal plants in California as of January 1, 1938. The data have been prepared in tabular form, as follows:

	Incorporated places, sanitary districts, utility districts, etc.	Institutions and others (not complete)
1. Year of data	Jan. 1, 1938	Jan. 1 1938
2. Incorporated places	282	
3. Sanitary district	57	
4. Number of communities served by public water supply, approx.	316	64
5. Total urban population	4,910,000	
6. Population in sanitary districts, etc. (approx.)	283,000	
7. Population served by sanitary sewers	4,793,000	60,000
8. Population served by treatment plants	2,913,000	60,000
9. Number of separate sanitary sewer systems	286	64
10. Combined storm and sanitary	17	0
11. Storm sewers only	No data	No data
12. Sewage treatment plants	177	60
13. Privately owned sewer systems	1	31
14. Systems charging rentals	0	0
15. Industrial waste plants	No data	No data
16. Sewer farms—no disinfection	90	32
Sewer farms—with disinfection	9	6
17. Screening—no disinfection	6	0
Screenings—with disinfection	2	0
18. Primary sedimentation—no disinfection	143	23
Primary sedimentation—with disinfection	46	14
19. Oxidation—no disinfection	20	21
Oxidation—with disinfection	21	4
20. Coarse screens	No data	No data
21. Grit chambers	1	0
22. Fine screens	10	0
23. Screenings shredders	2	0
24. Incinerate screenings	2	0
25. Grease separation	2	0
26. Primary sedimentation—without coagulant	166	60
27. Primary sedimentation—with coagulant	0	0
28. Primary sedimentation—mechanical sludge rem.	34	3
29. Septic tanks	54	24
30. Imhoff tanks	74	30
31. Doten tanks	1	1
32. Dortmund tanks	0	0
33. Contact beds	1	1
34. Trickling filters	31	19
35. Intermittent sand filters	24	4
36. Activated sludge—diffused air	9	2
37. Activated sludge—mechanical	1	4
38. Secondary sedimentation	21	15
39. Mechanical strainers	1	0
40. Chemical precipitation	0	0
41. Chlorination	30	14
42. Separate sludge digestion	48	8
43. Open sludge drying beds	103	60
44. Covered sludge drying beds	0	1
45. Sewage lagoons	2	0
46. Sludge conditioning—chemicals	1	0
47. Sludge conditioning—elutriation	0	0
48. Vacuum filters	1	0
49. Centrifuge	0	0
50. Incineration	0	0
51. Fertilizer production or use	107	No data
52. Gas or heat	14	1
53. Gas for power	4	0

PUBLIC HEALTH NURSING IN CALIFORNIA

A survey of public health nursing in California, completed July 1, 1938, indicates that a total of 1139 public health nurses is employed in California. They are distributed at follows:

Health Departments	401
Boards of Education	478
Separate Agencies	14
State Department of Public Health	53
American Red Cross	16
Tuberculosis Associations	14
Public Health Nursing Agencies	54
Insurance Companies	46
Industrial	56
U. S. Indian Service	7

Forty-five of the nurses employed through state funds are assigned to work in local communities.

This survey was undertaken by Rena Haig, Chief, Public Health Nursing Service of the California State Department of Public Health.

MORBIDITY

Complete Reports or Following Diseases for Week ending July 16, 1938

Chickenpox

183 cases: Alameda County 1, Alameda 5, Berkeley 11, Oakland 11, San Leandro 3, Fresno 10, Kings County 1, Los Angeles County 15, Arcadia 1, Burbank 1, Glendale 3, Huntington Park 1, Long Beach 3, Los Angeles 26, Pasadena 3, Pomona 1, San Gabriel 1, San Marino 1, Santa Monica 5, Whittier 3, Torrance 2, Lynwood 2, Maywood 2, Madera 6, Mono County 1, Napa 1, Santa Ana 1, Sacramento County 1, Sacramento 3, Chino 1, Coronado 1, San Diego 2, San Francisco 17, San Joaquin County 15, Stockton 5, Tracy 1, San Luis Obispo County 1, Arroyo Grande 1, Santa Barbara 6, Santa Maria 5, San Jose 1, Yreka 1, Oxnard 1.

Diphtheria

18 cases: Fresno County 1, Imperial County 1, Kings County 1, Los Angeles 9, Monterey 1, Pacific Grove 1, Corona 1, San Bernardino County 1, Mountain View 1, San Jose 1.

German Measles

17 cases: Berkeley 2, Oakland 1, Inyo County 1, Los Angeles 4, South Gate 2, Orange County 1, Fullerton 1, Newport Beach 1, San Bernardino County 1, San Diego 2, San Francisco 1.

Influenza

16 cases: Los Angeles County 1, Glendale 1, Huntington Park 2, Los Angeles 8, Pasadena 1, Santa Monica 1, Orange County 1, San Francisco 1.

Malaria

4 cases: Stockton 1, Sonoma County 1, Yolo County 1, Yuba County 1.

Measles

403 cases: Alameda County 3, Oakland 30, Chico 1, Angels Camp 1, Contra Costa County 1, Fresno County 2, Fresno 2, Brawley 2, Kern County 2, Bakersfield 3, Kings County 3, Los Angeles County 34, Alhambra 2, Culver City 1, Glendale 1, Hermosa 1, Huntington Park 1, La Verne 1, Long Beach 3, Los Angeles 33, Manhattan 1, Monrovia 4, Montebello 2, Whittier 2, Monterey Park 2, Signal Hill 1, Maywood 1, Bell 2, Madera County 3, Orange County 5, Anaheim 2, Fullerton 1, Newport Beach 4, Orange 8, Santa Ana 11, Laguna Beach 2, Placentia 2, Tustin 1, Riverside County 2, Riverside 1, Sacramento 21, San Bernardino County 2, Colton 6, Ontario 6, Redlands 8, San Diego County 13, Chula Vista 1, Coronado 19, La Mesa 2, National City 3, San Diego 65, San Francisco 10, San Joaquin County 13, Lodi 9, Stockton 1, San Luis Obispo County 8, Paso Robles 4, San Luis Obispo 6, San Mateo County 1, San Bruno 1, Santa Maria 2, San Jose 3, Siskiyou County 1, Sonoma County 2, Sutter County 1, Dinuba 1, Ventura County 2, Davis 3, Woodland 3, Yuba County 2.

Mumps

145 cases: Alameda County 3, Alameda 5, Berkeley 1, Oakland 23, Chica 1, Contra Costa County 1, Antioch 3, Pittsburg 1, Fresno County 1, Kern County 1, Los Angeles County 12, Glendale 2, Long Beach 4, Los Angeles 10, Monrovia 2, Pasadena 2, Santa Monica 3, Whittier 1, Gustine 1, Napa County 1, Orange County 1, Anaheim 1, Orange 2, Santa Ana 3, Sacramento 19, Ontario 2, San Diego County 3, National City 2, San Diego 4, San Francisco 13, San Joaquin County 1, Stockton 1, San Mateo County 1, San Bruno 1, Santa Barbara 4, Mountain View 1, San Jose 2, Siskiyou County 1, Sonoma County 2, Dinuba 1, Exeter 1, Davis 1.

Pneumonia (Lobar)

31 cases: Brawley 1, Los Angeles County 7, Los Angeles 11, Monrovia 1, Montebello 1, Pasadena 2, Napa 1, Anaheim 1, Riverside County 1, Sacramento 1, North Sacramento 1, San Bernardino 1, San Francisco 1, Glendale 1.

Scarlet Fever

85 cases: Alameda County 1, Albany 1, Oakland 1, Fresno County 5, Brawley 1, Kern County 4, Kings County 3, Los Angeles County 7, Beverly Hills 1, Compton 1, Covina 1, Glendale 1, Glendora 1, Long Beach 1, Los Angeles 23, Torrance 1, South Gate 2, Maywood 1, Orange County 2, Anaheim 1, Santa Ana 1, San Francisco 5, San Joaquin County 4, Lodi 1, Stockton 4, Santa Maria 1, Santa Clara County 3, Sonoma County 2, Sutter County 2, Red Bluff 1, Lindsay 1, Woodland 1.

Smallpox

16 cases: Imperial County 1, Kern County 2, Kings County 1, Los Angeles County 4, Long Beach 1, Los Angeles 1, San Joaquin County 2, Stockton 4.

Typhoid Fever

18 cases: Alameda County 1, Fresno 1, Brawley 1, Kern County 3, Placer County 1, Riverside County 2, Atherton 1, Shasta County 1, Redding 1, Sierra County 1, Tulare County 4, Marysville 1.

Whooping Cough

254 cases: Alameda County 14, Alameda 8, Albany 2, Berkeley 7, Livermore 1, Oakland 19, San Leandro 4, Contra Costa County 3, El Dorado County 2, Fresno County 11, Fresno 3, Kern County 7, Los Angeles County 2, Alhambra 1, Compton 7, Culver City 2, Huntington Park 4, Inglewood 3, Los Angeles 27, Pasadena 1, Pomona 2, Santa Monica 4, Marin County 1, Merced 1, Mono County 2, Orange County 1, Orange 2, Corona 1, Sacramento 11, San Bernardino County 1, Chino 4, San Diego County 5, Chula Vista 2, San Diego 11, San Francisco 24, Stockton 6, San Mateo County 2, San Bruno 4, South San Francisco 1, Santa Barbara 5, Santa Clara County 2, Palo Alto 3, San Jose 1, Siskiyou County 2, Solano County 4, Sonoma County 8, Healdsburg 1, Ventura County 2, Santa Paula 5, Ventura 1, Yolo County 6, Winters 1.

Dysentery (Amoebic)

1 case: Chino.

Dysentery (Bacillary)

3 cases: Los Angeles County 1, Los Angeles 2.

Leprosy

1 case: Sacramento County.

Pellagra

1 case: Hawthorne.

Poliomyelitis

2 cases: Kern County 1, Los Angeles County 1.

Tetanus

3 cases: Los Angeles County 1, Los Angeles 1, Santa Ana 1.

Trachoma

2 cases: Modoc County 1, San Francisco 1.

Jaundice (Epidemic)

1 case: San Joaquin County.

Undulant Fever

5 cases: Alhambra 1, Monrovia 2, San Bernardino County 1, Redding 1.

Coccidioidal Granuloma

1 case: Tulare County.

Relapsing Fever

1 case: San Bernardino County.

Rabies (Animal)

44 cases: Fresno County 2, Fresno 1, Imperial County 1, Kern County 2, Los Angeles County 2, Glendale 1, Long Beach 1, Los Angeles 11, Pasadena 1, Pomona 1, Riverside County 1, Sacramento 1, San Diego 1, San Joaquin County 4, Stockton 1, Santa Clara County 5, San Jose 6, Santa Clara 1, Porterville 1.

U. C. MEDICAL SCHOOL
LIBRARY
PARNASSUS & THIRD AV
SAN FRANCISCO CALIF